

Fill in this information to identify the case:

Debtor name **Roman Catholic Church of the Archdiocese of Santa Fe**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-13027**

Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **37,590,598.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **14,748,760.66**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **52,339,358.66**

Part 2: Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,751,736.56**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **3,751,736.56**

Fill in this information to identify the case:

Debtor name **Roman Catholic Church of the Archdiocese of Santa Fe**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-13027**

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address Candelaria Lopez 124 Santa Ana Road Bernalillo, NM 87004 Date(s) debt was incurred <u>5/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address Catherine Collins c/o Prince, Schmidt, Korte and Baca 2905 Rodeo Park Dr. East, Building 2 Santa Fe, NM 87505 Date(s) debt was incurred <u>6/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address Christine B. Romero c/o Pierre Levy of O'Friel and Levy PO Box 2084 Santa Fe, NM 87504 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Breach of Employment Contract Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Church of Ascension 2150 Raymac SW Albuquerque, NM 87105 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027	
3.5	Nonpriority creditor's name and mailing address Church of the Incarnation 2309 Monterrey Road NE Rio Rancho, NM 87144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Claimant C.M. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.7	Nonpriority creditor's name and mailing address Claimant D.G. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.8	Nonpriority creditor's name and mailing address Claimant J.N. Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.9	Nonpriority creditor's name and mailing address Claimants c/o Tinkler Law Firm 309 Johnson Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.10	Nonpriority creditor's name and mailing address Cristo Rey Parish 1120 Canyon Road Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.11	Nonpriority creditor's name and mailing address Diocese of Gallup 503 W Highway 66 Gallup, NM 87301 Date(s) debt was incurred <u>5/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pledged amount paid over a five year period Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
3.12	Nonpriority creditor's name and mailing address Emma Banuelos 240 County Road 303 Seminole, TX 79360 Date(s) debt was incurred <u>3/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Personal injury claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13	Nonpriority creditor's name and mailing address Estancia Valley Catholic Parish PO Box 129 Moriarty, NM 87035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address Hilda Hidalgo 121 Tafoya Road Belen, NM 87002 Date(s) debt was incurred <u>9/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Personal injury claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	Nonpriority creditor's name and mailing address Holy Child PO Box 130 Tijeras, NM 87059 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	Nonpriority creditor's name and mailing address Holy Cross PO Box 1228 Santa Cruz, NM 87567 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	Nonpriority creditor's name and mailing address Holy Family PO Box 12127 Albuquerque, NM 87195 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.18	Nonpriority creditor's name and mailing address Holy Family - Chimayo PO Box 235 Chimayo, NM 87522 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.19	Nonpriority creditor's name and mailing address Holy Family - St. Joseph PO Box 37 Roy, NM 87743 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.20	Nonpriority creditor's name and mailing address Holy Family Church 355 Chicosa Street Roy, NM 87743 Date(s) debt was incurred <u>6/2010</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pledged funds for capital projects Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.21	Nonpriority creditor's name and mailing address Holy Ghost 833 Arizona Street SE Albuquerque, NM 87108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.22	Nonpriority creditor's name and mailing address Immaculate Conception 619 Copper Avenue NW Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Immaculate Conception - Cimarron 440 W. 18th Street Cimarron, NM 87714 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.24	Nonpriority creditor's name and mailing address Immaculate Conception - Las Vegas 811 6th Street Las Vegas, NM 87701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Roman Catholic Church of the Archdiocese of Santa Fe

Case number (if known)

18-13027

Debtor

Name

3.25 Nonpriority creditor's name and mailing address

Immaculate Conception - Tome
PO Box 100
Tome, NM 87060

As of the petition filing date, the claim is: Check all that apply

\$50,000.00

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred 2008

Basis for the claim: Pledge to Meadow Lake Mission to purchase five acres of land

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.26 Nonpriority creditor's name and mailing address

Immaculate Heart of Mary
3700 Canyon Road
Los Alamos, NM 87544

As of the petition filing date, the claim is: Check all that apply

Unknown

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: Indemnification/Contribution

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address

Jane Doe "I"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

As of the petition filing date, the claim is: Check all that apply

\$100,000.00

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address

Jane Doe "L"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

As of the petition filing date, the claim is: Check all that apply

\$100,000.00

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address

Jane Doe "M"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

As of the petition filing date, the claim is: Check all that apply

\$100,000.00

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address

Jane Does "G, I, L and M"
c/o Brad D. Hall
320 Gold Avenue, SW, Ste 1218
Albuquerque, NM 87102

As of the petition filing date, the claim is: Check all that apply

\$100,000.00

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only

Last 4 digits of account number

Is the claim subject to offset? No Yes

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.31	<p>Nonpriority creditor's name and mailing address John Doe c/o Merit Bennett 460 St. Michael's Drive, Ste 703 Santa Fe, NM 87505</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u></p>	\$100,000.00
3.32	<p>Nonpriority creditor's name and mailing address John Doe "67" Claimants c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u></p>	\$100,000.00
3.33	<p>Nonpriority creditor's name and mailing address John Doe "69" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u></p>	\$100,000.00
3.34	<p>Nonpriority creditor's name and mailing address John Doe "70" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u></p>	\$100,000.00
3.35	<p>Nonpriority creditor's name and mailing address John Doe "71" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</u></p>	\$100,000.00

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.36	<p>Nonpriority creditor's name and mailing address John Doe "73" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.37	<p>Nonpriority creditor's name and mailing address John Doe "74" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.38	<p>Nonpriority creditor's name and mailing address John Doe "76" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.39	<p>Nonpriority creditor's name and mailing address John Doe "77" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.40	<p>Nonpriority creditor's name and mailing address John Doe "78" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.41	<p>Nonpriority creditor's name and mailing address John Doe "79" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.42	<p>Nonpriority creditor's name and mailing address John Doe "80" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.43	<p>Nonpriority creditor's name and mailing address John Doe "82" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.44	<p>Nonpriority creditor's name and mailing address John Doe "83" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.45	<p>Nonpriority creditor's name and mailing address John Doe "84" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.46	<p>Nonpriority creditor's name and mailing address John Doe "87" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.47	<p>Nonpriority creditor's name and mailing address John Doe "88" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.48	<p>Nonpriority creditor's name and mailing address John Doe "90" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.49	<p>Nonpriority creditor's name and mailing address John Doe "91" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
3.50	<p>Nonpriority creditor's name and mailing address John Doe "92" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe	Case number (if known)	18-13027
3.51	<p>Nonpriority creditor's name and mailing address John Doe "93" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.52	<p>Nonpriority creditor's name and mailing address John Doe "94" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.53	<p>Nonpriority creditor's name and mailing address John Doe "96" c/o Brad D. Hall 320 Gold Avenue, SW, Ste 1218 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.54	<p>Nonpriority creditor's name and mailing address John Doe 1, c/o Carolyn Nichols Rothstein Donatelli, LLP 500 Fourth Street NW, Suite 400 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.55	<p>Nonpriority creditor's name and mailing address John Doe 2, c/o Carolyn Nichols Rothstein Donatelli, LLP 500 Fourth Street NW, Suite 400 Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p>	\$100,000.00
		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.56	<p>Nonpriority creditor's name and mailing address John Doe 4, c/o Carolyn Nichols Rothstein Donatelli, LLP 500 Fourth Street NW, Suite 400 Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$100,000.00
3.57	<p>Nonpriority creditor's name and mailing address John Doe 5, c/o Carolyn Nichols Rothstein Donatelli, LLP 500 Fourth Street NW, Suite 400 Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$100,000.00
3.58	<p>Nonpriority creditor's name and mailing address John Doe 6, c/o Carolyn Nichols Rothstein Donatelli, LLP 500 Fourth Street NW, Suite 400 Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Abuse Claim against Debtor. Claimant's name and address to be filed under seal, after appropriate motion. Amount reported at \$100,000.00 for purpose of these schedules only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$100,000.00
3.59	<p>Nonpriority creditor's name and mailing address La Santisima Trinidad PO Box 189 Arroyo Seco, NM 87514 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Indemnification/Contribution</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.60	<p>Nonpriority creditor's name and mailing address Lucy Brown 2808 Bellamah Drive Santa Fe, NM 87507 Date(s) debt was incurred <u>9/2018</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Personal injury claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.61	<p>Nonpriority creditor's name and mailing address Madison Bartleson c/o Prince, Schmidt, Korte and Baca 2905 Rodeo Park Dr. East, Building 2 Santa Fe, NM 87505 Date(s) debt was incurred <u>5/2017</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Personal injury claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.62	Nonpriority creditor's name and mailing address Marc Hilton c/o Michael Danoff and Associates 1225 Rio Grande Blvd., NW Albuquerque, NM 87104 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Claim for wrongful termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address N.S. de Guadalupe del Valle de Pojoaque 9 Grazing Elk Drive Santa Fe, NM 87506-7140 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Nativity of the Blessed Virgin Mary 9502 4th Street NW Albuquerque, NM 87114 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Nuestra Senora de Guadalupe PO Box 1270 Pena Blanca, NM 87041 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	Nonpriority creditor's name and mailing address Nuestra Senora de Guadalupe - Taos 205 Don Fernando Street Taos, NM 87571 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	Nonpriority creditor's name and mailing address Our Lady of Belen 101 - A North 10th Street Belen, NM 87002 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Our Lady of Fatima 4020 Lomas Blvd. NE Albuquerque, NM 87110 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.69	Nonpriority creditor's name and mailing address Our Lady of Guadalupe 1860 Griegos Road NW Albuquerque, NM 87107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.70	Nonpriority creditor's name and mailing address Our Lady of Guadalupe - Clovis 108 North Davis Street Clovis, NM 88101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.71	Nonpriority creditor's name and mailing address Our Lady of Guadalupe - Peralta PO Box 10 Peralta, NM 87042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.72	Nonpriority creditor's name and mailing address Our Lady of Guadalupe - Villanueva PO Box 39 Villanueva, NM 87583 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.73	Nonpriority creditor's name and mailing address Our Lady of Lavang 1015 Chelwood Park NE Albuquerque, NM 87112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.74	Nonpriority creditor's name and mailing address Our Lady of Sorrows - Bernalillo PO Box 607 Bernalillo, NM 87004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.75	Nonpriority creditor's name and mailing address Our Lady of Sorrows - La Joya PO Box 32 La Joya, NM 87028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.76	Nonpriority creditor's name and mailing address Our Lady of Sorrows - Las Vegas 403 Valencia Street Las Vegas, NM 87701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.77	Nonpriority creditor's name and mailing address Our Lady of the Annunciation 2532 Vermont St. NE Albuquerque, NM 87110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78	Nonpriority creditor's name and mailing address Our Lady of the Assumption 811 Guaymas Place NE Albuquerque, NM 87108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.79	Nonpriority creditor's name and mailing address Our Lady of the Assumption Jemez Springs PO Box 10 Jemez Springs, NM 87025-0010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.80	Nonpriority creditor's name and mailing address Our Lady of the Most Holy Rosary 5415 Fortuna Road NW Albuquerque, NM 87105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.81	Nonpriority creditor's name and mailing address Prince of Peace Catholic Community 12500 Carmel Avenue NE Albuquerque, NM 87122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.82	Nonpriority creditor's name and mailing address Queen of Heaven 5311 Phoenix Avenue NE Albuquerque, NM 87110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Fe Name	Roman Catholic Church of the Archdiocese of Santa Fe	Case number (if known) 18-13027
3.83 Nonpriority creditor's name and mailing address Risen Savior Catholic Community 7701 Wyoming Blvd. NE Albuquerque, NM 87109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84 Nonpriority creditor's name and mailing address Ruben Ortiz Michael Ross, Elias Law Firm, P.C. 111 Isleta Blvd. SW, Suite A Albuquerque, NM 87105 Date(s) debt was incurred <u>11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Personal Injury Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85 Nonpriority creditor's name and mailing address Rudy Blea c/o Pierre Levy, O'Friel and Levy, P.C. 644 Don Gaspar Avenue Santa Fe, NM 87505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Tort Claim - Defamation of Character</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.86 Nonpriority creditor's name and mailing address Sacred Heart 412 Stover Avenue SW Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.87 Nonpriority creditor's name and mailing address Sacred Heart - Clovis 911 N. Merriwether Street Clovis, NM 88101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.88 Nonpriority creditor's name and mailing address Sacred Heart - Espanola PO Box 69 Espanola, NM 87532 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.89 Nonpriority creditor's name and mailing address Saint John XXII Catholic Community 4831 Tramway Ridge Drive, NE Albuquerque, NM 87111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed. Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Fe Name	Roman Catholic Church of the Archdiocese of Santa Fe	Case number (if known) 18-13027	
3.90	<p>Nonpriority creditor's name and mailing address San Antonio de Padua PO Box 460 Penasco, NM 87553-0460</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.91	<p>Nonpriority creditor's name and mailing address San Clemente PO Box 147 Los Lunas, NM 87031</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.92	<p>Nonpriority creditor's name and mailing address San Diego Mission PO Box 79 Jemez Pueblo, NM 87024</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.93	<p>Nonpriority creditor's name and mailing address San Felipe de Neri PO Box 7007 Albuquerque, NM 87194</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.94	<p>Nonpriority creditor's name and mailing address San Francisco de Asis PO Box 72 Ranchos De Taos, NM 87557</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.95	<p>Nonpriority creditor's name and mailing address San Ignacio 1300 Waler Street NE Albuquerque, NM 87102</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.96	<p>Nonpriority creditor's name and mailing address San Isidro 3552 Aqua Fria Street Santa Fe, NM 87507</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Indemnification/Contribution</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.97	Nonpriority creditor's name and mailing address San Jose 2401 Broadway Blvd. SE Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.98	Nonpriority creditor's name and mailing address San Jose - Anton Chico PO Box 99 Anton Chico, NM 87711 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address San Jose - Los Ojos PO Box 6 Los Ojos, NM 87551 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.100	Nonpriority creditor's name and mailing address San Juan Bautista PO Box 1075 Ohkay Owingeh, NM 87566 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.101	Nonpriority creditor's name and mailing address San Juan Nepomuceno PO Box 7 El Rito, NM 87530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.102	Nonpriority creditor's name and mailing address San Miguel 403 El Camino Real Street NW Socorro, NM 87801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address San Miguel del Vado PO Box 507 Ribera, NM 87560 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.104	Nonpriority creditor's name and mailing address San Ysidro PO Box 182 Corrales, NM 87048 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.105	Nonpriority creditor's name and mailing address Sangre de Cristo 8901 Candelaria Road NE Albuquerque, NM 87112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.106	Nonpriority creditor's name and mailing address Santa Clara PO Box 186 Roy, NM 87743 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107	Nonpriority creditor's name and mailing address Santa Maria de La Paz Catholic Community 11 College Avenue Santa Fe, NM 87508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.108	Nonpriority creditor's name and mailing address Santo Nino - Tierra Amarilla PO Box 160 Tierra Amarilla, NM 87575 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.109	Nonpriority creditor's name and mailing address Santuario San Martin de Porres 8321 Camino San Martin SW Albuquerque, NM 87121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.110	Nonpriority creditor's name and mailing address Shrine of Our Lady of Guadalupe - SF 417 Aqua Fria Street Santa Fe, NM 87501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification/Contribution Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Roman Catholic Church of the Archdiocese of Santa

Debtor

Fe

Name

Case number (if known)

18-13027

3.111 Nonpriority creditor's name and mailing address

Shrine of St. Bernadette
11509 Indian School Road NE
Albuquerque, NM 87112

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.112 Nonpriority creditor's name and mailing address

Shrine of the Little Flower
St. Teresa of the Infant Jesus
300 Mildred Avenue NW
Albuquerque, NM 87107

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.113 Nonpriority creditor's name and mailing address

St. Alice
PO Box 206
Mountainair, NM 87036

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.114 Nonpriority creditor's name and mailing address

St. Anne
1400 Arenal Road SW
Albuquerque, NM 87105

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.115 Nonpriority creditor's name and mailing address

St. Anne - Tucumcari
306 West High
Tucumcari, NM 88401

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.116 Nonpriority creditor's name and mailing address

St. Anne's
511 Alicia Street
Santa Fe, NM 87501

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

3.117 Nonpriority creditor's name and mailing address

St. Anthony - Dixon
PO Box 39
Dixon, NM 87527

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Unknown

Basis for the claim: Indemnification/ContributionIs the claim subject to offset? No Yes

Debtor	Roman Catholic Church of the Archdiocese of Santa Fe Name	Case number (if known)	18-13027
3.118	Nonpriority creditor's name and mailing address St. Anthony - Questa PO Box 200 Questa, NM 87556 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contributio</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.119	Nonpriority creditor's name and mailing address St. Anthony of Padua - Fort Sumner PO Box 370 Fort Sumner, NM 88119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.120	Nonpriority creditor's name and mailing address St. Anthony of Padua - Pecos HC 74, Box 23 Pecos, NM 87552 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.121	Nonpriority creditor's name and mailing address St. Augustine PO Box 849 Isleta, NM 87022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.122	Nonpriority creditor's name and mailing address St. Charles 1818 Coal Place SE Albuquerque, NM 87106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.123	Nonpriority creditor's name and mailing address St. Edwin 2105 Barcelona Road SW Albuquerque, NM 87105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.124	Nonpriority creditor's name and mailing address St. Francis Xavier 820 Broadway Blvd. SE Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Roman Catholic Church of the Archdiocese of Santa Fe

Case number (if known)

18-13027

Debtor

Name

3.125	Nonpriority creditor's name and mailing address St. Francis Xavier - Clayton 115 North 1st Street Clayton, NM 88415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.126	Nonpriority creditor's name and mailing address St. Gurtrude the Great PO Box 599 Mora, NM 87732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.127	Nonpriority creditor's name and mailing address St. Helen 1600 South Avenue O Portales, NM 88130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.128	Nonpriority creditor's name and mailing address St. John the Baptist - Santa Fe 1301 Osage Avenue Santa Fe, NM 87505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.129	Nonpriority creditor's name and mailing address St. John Vianney Church 1001 Meteor Avenue NE Rio Rancho, NM 87144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.130	Nonpriority creditor's name and mailing address St. Joseph PO Box 516 Springer, NM 87747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.131	Nonpriority creditor's name and mailing address St. Joseph - Cerrillos PO Box 98 Cerrillos, NM 87010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Fe Name	Roman Catholic Church of the Archdiocese of Santa Fe	Case number (if known) 18-13027
3.132 Nonpriority creditor's name and mailing address St. Joseph on the Rio Grande 5901 St. Joseph Drive NW Albuquerque, NM 87120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133 Nonpriority creditor's name and mailing address St. Jude Thaddeus 5712 Paradise Blvd. NW Albuquerque, NM 87114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.134 Nonpriority creditor's name and mailing address St. Mary PO Box 276 Vaughn, NM 88353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.135 Nonpriority creditor's name and mailing address St. Patrick - Chama PO Box 36 Chama, NM 87520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.136 Nonpriority creditor's name and mailing address St. Patrick - St. Joseph 105 Buena Vista Street Raton, NM 87740 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.137 Nonpriority creditor's name and mailing address St. Rose of Lima 439 South 3rd Street Santa Rosa, NM 88435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.138 Nonpriority creditor's name and mailing address St. Thomas Aquinas 1502 Sara Road SE Rio Rancho, NM 87124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Fe Name	Roman Catholic Church of the Archdiocese of Santa Fe	Case number (if known) 18-13027
3.139 Nonpriority creditor's name and mailing address St. Thomas Aquinas University Parish 1815 Las Lomas Road NE Albuquerque, NM 87106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.140 Nonpriority creditor's name and mailing address St. Thomas the Apostle PO Box 117 Abiquiu, NM 87510 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.141 Nonpriority creditor's name and mailing address The Cathedral Basilica of St. Francis PO Box 2127 Santa Fe, NM 87504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification/Contribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.142 Nonpriority creditor's name and mailing address Thomas Paickattu c/o Andrew Indahl, Altura Law Firm 500 Marquette Drive NW, Ste. 1200 Albuquerque, NM 87102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Tort Claim - Defamation of Character</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.143 Nonpriority creditor's name and mailing address United States Conf. of Catholic Bishops 3211 Fourth Street NE Washington, DC 20017-1194 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u>SFE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Catholic Bishop Conferences</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,736.56

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	0.00
5b.	+	3,751,736.56
5c.	\$	3,751,736.56

Debtor

Roman Catholic Church of the Archdiocese of Santa
Fe
Name

Case number (if known)

18-13027

Fill in this information to identify the case:

Debtor name Roman Catholic Church of the Archdiocese of Santa Fe

United States Bankruptcy Court for the: DISTRICT OF NEW MEXICO

Case number (if known) 18-13027

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

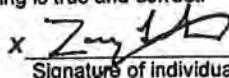
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
 Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
 Schedule H: Codebtors (Official Form 206H)
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
 Amended Schedule E/F
 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
 Other document that requires a declaration Amended Summary of Assets and Liabilities

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/30/2019



Signature of individual signing on behalf of debtor

Tony Salgado

Printed name

Executive Director of Finance

Position or relationship to debtor